



State Employee Blood Challenge Consent Form

The Office of the Surgeon General would like to recognize you for sharing your personal story and/or testimonial in the *State Employee Blood Challenge*. In order to publicly recognize you, we need your permission prior to sharing your name and personal information.

By giving your consent you allow us to share all or part of the personal story/testimonial that you have provided us.

I, _____, grant the State of Michigan consent and permission to use my name, picture, likeness, and/or story/testimonial related to the *State Employee Blood Challenge* on:

- State of Michigan's website, whether external or internal.
- State of Michigan department/agency/union newsletters and emails.

I understand that once my personal information is published on the internet at www.michigan.gov/bloodchallenge, the State of Michigan will have no control over its subsequent use and disclosure.

I release the State of Michigan and the Michigan Department of Community Health - Office of the Surgeon General from all liability related to publishing the information, to the extent allowed by law.

My name, picture, likeness, and story/testimonial will be used only for this specific project related to the *State Employee Blood Challenge*, unless otherwise requested by the State of Michigan and expressly authorized by me. I understand that my story may undergo changes such as spelling and grammar corrections, possible length editing, etc. prior to being shared.

Name Printed: _____

Signature: _____

Department/Agency: _____

Date: _____

Thank you.

Please return this form:

FAX: 517-335-8297 **OR**
MDCH -- Office of the Surgeon General

MAIL: Attention – Carol Twiss
MDCH -- Office of the Surgeon General
Capitol View Bldg, 201 Townsend, Lansing 48917